

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, October 6, 1882.

Dr. E. C. SPITZKA, President, in the chair.

Dr. SPITZKA exhibited a patient (female), aged nine, whose history was briefly, that after an attack of scarlatina, supervening on intense emotional excitement produced by her brother's death by the same disease, and an intense joint affection preceded by an epileptiform attack, she had become maniacal for twenty-one days, then aphasic and demented. She also exhibited from five to thirty epileptiform attacks, latterly with conjugate deviation, daily; these yielded to nitro-glycerine, and her intelligence improved, while she manifested increasing signs of moral perversion. Laterly a novel kind of imperfect epileptiform attack had been noticed, preceded by an epigastric pain, and marked by great fright without loss of consciousness. An interesting feature was that six months after her first attack of insanity, a second death in the family produced a violent outbreak of screaming, destructiveness, and grief, which left the girl in a state of stupor. The relater believed that the joint affection could be excluded as a cause. The problem was as to the insanity being post-scarlatinal or post-epileptic; he believed in the former nature of the trouble.

Dr. L. C. GRAY read a paper on "Laryngeal epilepsy," the laryngeal vertigo of Charcot.

He related the histories of Charcot's four cases, also one of Dr. Gasquet's, and one of Dr. Sommerbrodt's. The characteristic symptoms in all cases were: a spasmodic cough, accompanied by a tickling or burning sensation at about the level of the larynx; then a sudden loss of consciousness, occasionally with slight convulsive movements. In all but two of the six cases the patients had an epileptic history. In these two the histories had not been carefully inquired into.

The reader contended, therefore, that the disease was essentially of an epileptic nature ; the attacks ceased promptly under treatment by counter-irritation to the skin over the larynx and the internal use of the bromides, but the reader did not regard this as a valid argument against the epileptic basis of this disease. In many of the cases the duration of treatment was not mentioned; and in Sommerbrodt's patient, who was unquestionably of convulsive tendency, there was no return of symptoms during nine months' observation. Dr. Gray then gave an account of the violent spasmodic cough occasionally seen in locomotor ataxia, as described by MM. Féréol and Jean, and also of an autopsy made by the latter author, when atrophy of laryngeal muscles and of the pneumogastric and recurrent laryngeal nerves was found ; he claimed that this went to show that organic alterations leading to violent cough did not necessitate unconsciousness. Dr. Gray then completed his paper by alluding to the researches of Dr. S. Weir Mitchell during the civil war, as showing how great a direct injury of a nerve was needed to produce unconsciousness. Of fifty-six cases of gunshot wound of the brachial plexus, ten fell unconscious, seventeen fell without losing consciousness, and twenty-nine walked away.